



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement S131 – Fire Fighter Type 1

Nominations due May 18, 2012

Minimum number of students: 15

Maximum number of students: 30

Course Description:

Firefighter Type 1, S-131, is an eight-hour course designed to meet the training needs of the Firefighter Type 1 (FFT1). This course is designed to be interactive in nature. It contains several tactical decision games designed to facilitate learning the objectives and class discussion. Topics include: fireline reference materials, communications, and tactical decision making.

Objectives:

- Demonstrate the ability to use fireline reference tools to facilitate the communication and decision making processes.
- Describe how to incorporate and maintain open lines of communication with appropriate personnel.
- Demonstrate the ability to apply the standard operating procedures found in the Incident Response Pocket Guide (PMS 461).
- Demonstrate the ability to apply information found in the Fireline Handbook (PMS 410-1).

DATES OF CLASSES: June 18, 2012

PREREQUISITES: None

TARGET GROUP: Fire Fighter type 1 (FFT1)

LOCATION: DNR Armory Conference room, 225 South Silke Road, Colville

LEAD INSTRUCTOR: Tim Sampson (509) 738-7716

COURSE COORDINATOR: Tim Sampson (509) 738-7716

Mail, e-mail or FAX registrations to: Tim Sampson
3 Rivers Ranger District
250 W 11th Street
Kettle Falls WA 99141
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Course Number S-131	Course Name Firefighter Type 1	PRIORITY ____ of ____
IQCS Session Number 01335	Course Location DNR Armory Conference Room, 225 South Silke Road, Colville WA	Course Date(s) June 18, 2012
Course Tuition (if required)	Course Coordinator Name (First Last) Tim Sampson	Course Coordinator Phone Number 509-738-7716
Course Coordinator E-Mail tsampson@fs.fed.us	Course Coordinator FAX Number 509-738-7780	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail:
Agency Name		Fax:
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City
Zip	Telephone	Zip
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		